

Questionnaire for Adult Littles

Name: _____

I. Basic Information and Interests

(Fill in the hearts for applicable answers!)



1. I identify as:

- Adult Baby
- Babygirl/boy
- Brat
- Little
- Middle
- Nymphet
- Pet
- Kitten
- Imp
- Switch
- Dominant Little
- Babyfur/Littlefur
- Lolita

2. Do you identify as a submissive along with being a little?

- Yes No.

3. My preferred gender pronouns are:

- She/her/herself
- He/him/himself
- They/them/themselves
- Ze/Zir/Zerself
- Xe/Xem/Xirself
- Sie/Hir/Hirself



4. Are you interested in any of the following other paths of submission?

- Taken in hand
- D/s
- Switch

- ♡ Slave
- ♡ Pet
- ♡ Pony girl
- ♡ Pleasure slave
- ♡ Kajira
- ♡ Masochist

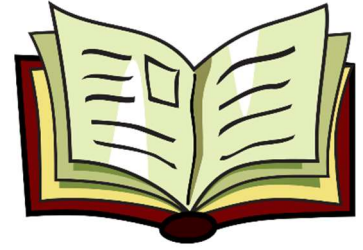
5. Please fill in the hearts of all kinks that you are interested in or are willing to try:

- | | |
|----------------------------|-----------------------------------|
| ♡ Anal sex | ♡ Handjobs (giving) |
| ♡ Anal plugs | ♡ Having food chosen for you |
| ♡ Animal roles | ♡ Having clothing chosen for you |
| ♡ Aromas | ♡ Give fellatio |
| ♡ Choking | ♡ Housework (doing) |
| ♡ Blind folding | ♡ Humiliation (private) |
| ♡ Being bitten | ♡ Initiation rites |
| ♡ Breast/chest bondage | ♡ Kneeling |
| ♡ Breath control | ♡ Lectures for misbehavior |
| ♡ Bondage | ♡ Licking |
| ♡ Cribs | ♡ Massage (giving) |
| ♡ Cages | ♡ Over the knee spanking |
| ♡ Domestic service | ♡ Orgasm denial |
| ♡ Cock worship | ♡ Orgasm control |
| ♡ Collars | ♡ Phone sex (serving dom) |
| ♡ Corsets | ♡ Riding crops |
| ♡ Diapers | ♡ Skinny dipping |
| ♡ Enforced chastity | ♡ Sleep deprivation |
| ♡ Erotic dance | ♡ Speech restrictions (when/what) |
| ♡ Eye contact restrictions | ♡ Standing in corner |
| ♡ Following orders | ♡ Swallowing semen |
| ♡ Forced dressing | ♡ Teasing |
| ♡ Forced servitude | ♡ Tickling |
| ♡ Forced nudity (private) | ♡ Uniforms |
| ♡ Gag (cloth) | ♡ Vibrator on genitals |
| ♡ Hairbrush spankings | ♡ Wearing symbolic jewelry |
| ♡ Wooden paddles | |



II. Background History

1. Do you have any allergies? Yes No.
If yes, please describe:



2. Do you have any medical conditions that I should be aware of? Are you on any medications?
Do you require special equipment? If yes, please describe in detail.

3. Fears: (Please fill in the frowny faces of all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fear of open spaces | <input type="checkbox"/> Fear of thunderstorms |
| <input type="checkbox"/> Fear of crowded places | <input type="checkbox"/> Fear of abandonment |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fear of the dark |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fear of getting a disease |
| <input type="checkbox"/> Fear of heights | <input type="checkbox"/> Fear of dying |
| <input type="checkbox"/> Fear of enclosed spaces | <input type="checkbox"/> Fear of being immobilized or paralyzed |
| <input type="checkbox"/> Fear of bugs | <input type="checkbox"/> Fear of humiliation |
| <input type="checkbox"/> Fear of snakes | <input type="checkbox"/> Other: _____ |

III. Little Space Preferences

(Fill in and answer all that apply)

1. How long have you been in the little space lifestyle?

- Less than a year
 1-3 years
 4-5 years
 5 years+

2. How long have you realized you were a Little?

- Less than a year
 1-3 years



♡ 4-5 years

♡ 5 years+

3. How many people have you been a Little to in the past?

4. Is anyone caring for you right now?

5. What type of relationship are you interested in?

♡ Caregiver/little

♡ Dominant/little-submissive

♡ Part-time

♡ Full-time 24/7 relationship

6. What type of Dominant or Caregiver are you most drawn to?

♡ Many daily tasks and rules focused

♡ Strict and heavy on punishments focused

♡ Chores and domestic service focused

♡ Gentle domination/positive reinforcement focused

7. Do you ever struggle with separation anxiety from your Dominant or Caregiver?

8. What are your needs when you are regressed? Are there certain items that you love to have in your little space when regressed?



IV. Adult Baby Preferences

(Fill in as applicable for Adult babies)



1. Are you an Adult Baby?
 Yes No.
2. Are you a Diaper Lover? If yes, is there a preferred brand of diapers you enjoy?
 Yes No. _____
3. Do you wear plastic pants over your diapers?
 Yes No.
4. Do you believe you were born this way?
 Yes No.
5. Do you view your diaper wearing as a kink?
 Yes No.
6. Do you like having a full diaper?
 Yes No.
7. Are you looking for a Caregiver to change your diapers while regressed?
 Yes No.
8. What are your specific needs while regressed in baby space?

